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CONFIRMATION NO. 5013

<b>SERIAL NUMBER</b> 10/731,638	<b>FILING OR 371(c) DATE</b> 12/09/2003 <b>RULE</b>	<b>CLASS</b> 607	<b>GROUP ART UNIT</b> 3762	<b>ATTORNEY DOCKET NO.</b> 1023-342US01
<b>APPLICANTS</b> Carl D. Wahlstrand, Lino Lakes, MN; Ruchika Singhal, Minneapolis, MN; Robert M. Skime, Coon Rapids, MN;				
<b>** CONTINUING DATA *****</b> This appln claims benefit of 60/431,854 12/09/2002 and claims benefit of 60/471,262 05/16/2003 and claims benefit of 60/503,945 09/20/2003 and claims benefit of 60/503,946 09/20/2003 and claims benefit of 60/507,857 10/01/2003				
<b>** FOREIGN APPLICATIONS *****</b>				
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED</b> <b>** 03/15/2004</b>				
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after met Allowance Verified and Acknowledged <u>SB</u> Examiner's Signature Initials		<b>STATE OR COUNTRY</b> MN	<b>SHEETS DRAWING</b> 16	<b>TOTAL CLAIMS</b> 23
<b>INDEPENDENT CLAIMS</b> 2				
<b>ADDRESS</b> 27581				
<b>TITLE</b> MODULAR IMPLANTABLE MEDICAL DEVICE				
<b>FILING FEE RECEIVED</b> 954	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	